

Attention!

This form or schedule is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500 series of forms and schedules is printed on special paper with green drop-out ink so it can be processed by the new computerized processing system "EFAST". The Forms 5500 and 5500-EZ (and related schedules) are included in the appropriate packages that were mailed to all filers of record. These forms and schedules may also be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's Web Site at www.efast.dol.gov for additional information concerning the new processing system, electronic filing, software, and "non-standard" filings.

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor Pension and
Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

1999

**This Form is Open to
Public Inspection.**

**For the calendar year 1999
or fiscal plan year beginning**

MM / DD / YYYY

, and ending

MM / DD / YYYY

A Name of plan

B Three-digit
plan number ►

000

C Plan sponsor's name as shown on line 2a of Form 5500

D Employer Identification Number

00-0000000

Part I Service Provider Information (see instructions)

1 Enter the total dollar amount of compensation paid by the plan to all persons,
other than those listed below, who received compensation during the plan year: **00**

2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in
descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should
enter N/A in columns (c) and (d).

(a) Name

Contract administrator

(b) Employer identification number (see instructions)

00-0000000

(c) Official plan position

Contract administrator

(d) Relationship to employer,
employee organization, or person
known to be a party-in interest

Contract administrator

(e) Gross salary or allowances paid by plan

00000000.00

(f) Fees and commissions paid by plan

00000000.00

(g) Nature of service code(s)

(see
instructions)

1200

(a) Name

Contract administrator

(b) Employer identification number (see instructions)

00-0000000

(c) Official plan position

Contract administrator

(d) Relationship to employer,
employee organization, or person
known to be a party-in interest

Contract administrator

(e) Gross salary or allowances paid by plan

00000000.00

(f) Fees and commissions paid by plan

00000000.00

(g) Nature of service code(s)

(see
instructions)

0000

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 1999

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Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

Official Use Only

(a) Name

(b) EIN

(c) Position

(d) Address

Street Address

City

State

Zip Code

(e) Telephone No.

E
X
P
L
A
N
A
T
I
O
N

(a) Name

(b) EIN

(c) Position

(d) Address

Street Address

City

State

Zip Code

(e) Telephone No.

E
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0 9 9 9 0 0 0 3 1 V

